

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097091072 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1		1		
2		1		
3		1		
4		1		
5		1		
6		1		
7		1		
8		1		
9		1		
10		1		
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12		1		
13		1		
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41		1		
42		1		
43		1		
44		1		
45		1		
46		1		
47		1		
48	1	1	1	1
49				
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS		5		

*	IND.	DEP.	*	IND.	DEP.	*
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS		5				